



HSA Employee Contribution Form

HEALTH SAVINGS ACCOUNT EMPLOYEE CONTRIBUTION ELECTION FORM

(To be completed and returned to your employer)

ACCOUNT OWNER'S NAME AND ADDRESS

Last Name First Name Middle Initial

Street Address

City State Zip Code

Social Security No. Daytime Phone Evening Phone

CONTRIBUTIONS

I wish to contribute \$_____ to my HSA account each pay period on a pre-tax basis. I understand this amount will be deducted from my paycheck until I indicate otherwise.

I wish to make a single contribution of \$_____ to my HSA account on a pre-tax basis. I understand this will be deducted from my paycheck one time only for the tax year _____.

SIGNATURE

It is my responsibility 1) to determine whether I am eligible to make contributions to my HSA; And 2) to determine whether contributions to this HSA have exceeded the applicable maximum annual contribution limit.

Account Owner

Date